Direct Deposit Enrollment Form

Complete this form if you wish to have the reimbursements from your Flexible Benefits Plan sent directly to your bank account. This form does not affect the manner in which you receive your regular payroll check.

Fax this form to 800-598-6844

Or Mail to: Claims Processing, POB 35470, Charlotte, NC 28235

GENERAL INFORMATION

Employer:	Social Security Number: - -	
Last Name:	First Name:	
Mailing Address:		
City:	State:	Zip:
Daytime Phone: ( ) -	E-Mail Address: @	
Is this a new address? ❑ Yes ❑ No	Effective Date:	

I wish to: ❑ Begin Direct Deposits ❑ Change Existing Information ❑ Cancel Direct Deposits

BANKING INFORMATION:

Complete the following information or tape a voided check (not a deposit slip) in this area.

Bank Name	
Bank City	
Bank State	
Bank Phone #	( ) -
Routing #: *Must be 9 Digits*	☐☐☐☐☐☐☐☐☐
Account #:	☐☐☐☐☐☐☐☐☐☐☐☐☐
Type of Account	❑ Checking ❑ Savings

DIRECT DEPOSIT AUTHORIZATION:

I hereby authorize Elkin & Associates, LLC to deposit any amounts owed me by initiating credits to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by Elkin & Associates, LLC to my account. In the event that Elkin & Associates, LLC deposits funds erroneously into my account, I authorize Elkin & Associates, LLC to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Elkin & Associates, LLC and BANK have received written notice from me of its termination in such time and in such manner as to afford Elkin & Associates, LLC and BANK a reasonable opportunity to act on it.

Employee Signature:	Date:

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